

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

PROMET MARINE SERVICES CORP.
P.O. BOX B126
EAST PROVIDENCE RI 02914

INSTALLATION ADDRESS > 242 ALLENS AVE
PROVIDENCE BI 02903

EPA Form 8700-12B (4-80)

12/10/80

Please print or type	with ELITE type (12 characters/inch) in the unshaded areas only.	GSA No. 0246-EPA-OT					
⊕EPA	NOTIFICATION OF HAZARDOUS WASTE ACTIVITY	INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the					
INSTALLA- TION'S EPA I.D. NO.		information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is					
I. STALLATION		complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a					
INSTALLA- TION II. MAILING ADDRESS	PLEASE PLACE LABEL IN THIS SPACE	single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer					
		to the INSTRUCTIONS FOR FILING NOTIFI- CATION before completing this form. The information requested herein is required by law					
III OF INSTAL-		(Section 3010 of the Resource Conservation and Recovery Act).					
FOR OFFICIAL	USE ONLY COMMENTS						
c III		55					
5 7	TION'S EPA I.D. NUMBER APPROVED DATE RECEIVED (yr., mo., & day)	Nov 14 2 56 PM '80					
1 2 15 16 17 - 56							
PROMET MARINE SERVICES CORP.							
II. INSTALLATION MAILING ADDRESS							
STREET OR P.O. BOX							
3 P. a. B	0 X 4 4	45 ZIP CODE					
SENCT	CITY OR TOWN SI.	2914					
4 E A S 7	40 41 42 47	- 51					
III. LOCATION OF INSTALLATION STREET OR ROUTE NUMBER							
5 2 4 2 A L L E N S A V E.							
50 m	CITY OR TOWN ST. Z	29 0 2					
6 P K O V	40 A1 42 47	- 51					
IV. INSTALLATION CONTACT NAME AND TITLE (last, first, & job title) PHONE NO. (area code & no.)							
2 COHE	N JOEL VICE PRESIDENT	43 46 - 48 49 - 51 52 - 55					
V. OWNERSHI	P						
I COO OW	A. NAME OF INSTALLATION'S LEGAL OWNER						
S P R OM	E T	(enter "X" in the appropriate box(es))					
(enter the appro)	priate letter into box) VI. TYPE OF HAZARDOUS WASTE ACTIVITY	B. TRANSPORTATION (complete item VII)					
F = FEDER M = NON-F	FEDERAL C. TREAT/STORE/DISPOSE	D. UNDERGROUND INJECTION					
VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))							
a. AIR	62 63 64 65	HER (specify):					
VIII. FIRST OR SUBSEQUENT NOTIFICATION Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification.							
Mark "X" in the appropriate box to indicate whether this is your first notification, enter your Installation's EPA I.D. Number in the space provided below. C. INSTALLATION'S EPA I.D. NO.							
⊠ A. FIR	ST NOTIFICATION B. SUBSEQUENT NOTIFICATION (complete						
IX. DESCRIPT	TION OF HAZARDOUS WASTES						
Please go to the reverse of this form and provide the requested information. CONTINUE ON REVERSE							

EPA Form 8700-12 (6-80)

IX. DESCRIPTION OF H.	AZARDOUS WAST	ES (continued from)	front)		
A. HAZARDOUS WASTES F waste from non–specific so	ROM NON—SPECIFIC ources your installation	SOURCES. Enter the handles. Use additional	four-digit number from I sheets if necessary.	40 CFR Part 261.31 for	r each listed hazardous
1	2	3	4 1	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
B. HAZARDOUS WASTES FI specific industrial sources y	ROM SPECIFIC SOUF our installation handle	RCES. Enter the four—des. Use additional sheets	igit number from 40 CFF if necessary.	R Part 261.32 for each I	isted hazardous waste from
13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
			BEST TOTAL	500	
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
				146	
23 - 26	23 - 26	23 - 26	23 - 26	23 - 25	23 - 26
C. COMMERCIAL CHEMICA stance your installation har	L PRODUCT HAZAR adles which may be a h	DOUS WASTES. Enter nazardous waste. Use ad	the four—digit number f ditional sheets if necessar	rom 40 CFR Part 261.3 Y.	3 for each chemical sub-
31	32	33	34	35	36
1013					
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
D. LISTED INFECTIOUS WA hospitals, medical and research	ASTES. Enter the four arch laboratories your	r—digit number from 40 installation handles. Us	CFR Part 261.34 for eac e additional sheets if nec	h listed hazardous waste essary.	e from hospitals, veterinary
49	50	51	52	53	54
				appen and a second	
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
E. CHARACTERISTICS OF I hazardous wastes your inst	NON-LISTED HAZA allation handles. (See	RDOUS WASTES. Mark 40 CFR Parts 261.21 —	"X" in the boxes corres 261.24.)	sponding to the characte	eristics of non—listed
1. IGNITABL	THE RESERVE AND ADDRESS OF THE PARTY OF THE	2. CORROSIVE	☐3. REAC (D003)	TIVE	∭4. TOXIC (D000)
X. CERTIFICATION					
I certify under penalty attached documents, and I believe that the submit mitting false information	d that based on my tted information is	inquiry of those ind true, accurate, and c	lividuals immediately omplete. I am aware	responsible for obta	ining the information,
SIGNATURE	2	NAME & OFF	ICIAL TITLE (type or p	rint)	DATE SIGNED
Joel H. Co	hen	VICE	PRESIDEN	7	10-30-80

EPA Form 8700-12 (6-80) REVERSE



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION I

J.F. KENNEDY FEDERAL BUILDING, BOSTON, MASSACHUSETTS 02203

EPA I.D. No: RID040084998

Oct 31, 1980

Dear Notifier:

The U.S. Environmental Protection Agency (EPA) has received the notification which you filed pursuant to Section 3010 of the Resource Conservation and Recovery Act, 42 U.S.C. 6930. Our review of the notification shows that either all pertinent information was not included, it was illegible, or some question exists concerning final disposition of the notification. The box marked below will identify which applies and the appropriate action on your part.

- X
- Pertinent information required was not included.
 Please complete the items circled in red.
- 2. The form was illegible. A new Notification Form is being returned to you for completion.
- 3. You have indicated you do not handle hazardous waste. If you will in the future and would like an EPA I.D. number at this time, please resubmit the enclosed form completing the items circled in red. If you do not respond by the date indicated below your notification will be disregarded.

Please follow the instructions above returning the form and this letter to the following address by _//. Immediately

U.S. EPA - Region I P.O. Box 8748 Boston, MA 02114

Respectfully yours,

Richard A. Cavagnero

Notification Project Officer

Region I